Site Address **Permit Number**

An installation certificate is required to be posted at the building site or made available for all appropriate inspections. (The information provided on this form is required; however, use of this form to provide the information is optional.) After completion of final inspection, a copy must be provided to the building department (upon request) and the building owner at occupancy, per Section 10-103(b).

HVAC SYSTEMS:

Heating Equipment

Equip. Type (pkg. heat pump)	CEC Certified Mfr Name and Model Number	# of Identical Systems	Efficiency (AFUE, etc.)[1] [≥CF-1R value]	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)

Cooling Equipment

Equip. Type (pkg. heat pump)	CEC Certified Compressor Unit Mfr Name and Model Number	# of Identical Systems	Efficiency (SEER, etc.)[1] [≥CF-1R value]	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)

1. ≥ reads *greater than or equal to.*

I, the undersigned, verify that equipment listed above is: 1) is the actual equipment installed, 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the *Energy Efficiency Standards* for residential buildings, and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the *Appliance Efficiency Regulations* or Part 6), where applicable.

Signature, Date

Installing Subcontractor (Co. Name)
OR General Contractor (Co. Name) OR Owner

WATER HEATING SYSTEMS:

Heater Type	CEC Certified Mfr Name & Model Number	Distribution Type (Std, Point-of-Use)	If Recir-culation, Control Type	# of Identical Systems	Rated[2] Input (kW or Btu/hr)	Tank Volume (gallons)	Effi-ciency[2] (EF, RE)	Standby[2] Loss (%)	External Insulation R-value[3]

2 For **small gas storage** (rated input of less than or equal to 75,000 Btu/hr), **electric resistance** and **heat pump water heaters**, list Energy Factor.
For **large gas storage water heaters** (rated input of greater than 75,000 Btu/hr), list Recovery Efficiency, Standby Loss and Rated Input.
For **instantaneous gas water heaters**, list Recovery Efficiency and Rated Input.

3. R-12 external insulation is mandatory for storage water heaters with an energy factor of less than 0.58.

Faucets & Shower Heads:
All faucets and showerheads installed are certified to the Commission, pursuant to Title 24, Part 6, Section 111.

I, the undersigned, verify that equipment listed above my signature is: 1) the actual equipment installed; 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the *Energy Efficiency Standards* for residential buildings; and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the *Appliance Efficiency Regulations* or Part 6), where applicable.

Signature, Date

Installing Subcontractor (Co. Name) OR
General Contractor (Co. Name) OR Owner

COPY TO: Building Department
HERS Provider (if applicable)
Building Owner at Occupancy

Site Address **Permit Number**

FENESTRATION/GLAZING:

Manufacturer/Brand Name	Product U-Factor[1] (≤ CF-1R value)[2]	Product SHGC[1] (≤ CF-1R value)[2]	# of Panes	Total Quantity of Like Product (*Optional*)	Square Feet	Exterior Shading Device or Overhang	Comments/Location/ Special Features
(GROUP LIKE PRODUCTS)							
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

[1] Manufactured fenestration products use the values from the product label. Field fabricated fenestration products use the default values from Section 116 of the Energy Efficiency Standards.

[2] Installed U-Factor must be less than or equal to values from CF-1R. Installed SHGC must be less than or equal to values from CF-1R, or a shading device (exterior or overhang) is installed as specified on the CF-1R. Alternatively, installed weighted average U-Factors for the total fenestration area are less than or equal to values from CF-1R.

I, the undersigned, verify that the fenestration/glazing listed above my signature: 1) is the actual fenestration product installed; 2) is equivalent to or has a lower U-Factor and lower SHGC than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the *Energy Efficiency Standards* for residential buildings; and 3) the product meets or exceeds the appropriate requirements for manufactured devices (from Part 6), where applicable.

Item #s (if applicable)	Signature, Date	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor
Item #s (if applicable)	Signature, Date	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor
Item #s (if applicable)	Signature, Date	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor

COPY TO: Building Department
HERS Provider (if applicable)
Building Owner at Occupancy

Site Address **Permit Number**

DUCT LEAKAGE AND DESIGN DIAGNOSTICS

☐ DUCT LEAKAGE REDUCTION

Pressurization Test Results (CFM @ 25 PA)

Test Leakage (CFM) _____

Fan Flow

If Fan Flow is Calculated as 400 cfm/ton x number of tons, or as 21.7 x Heating Capacity in Thousands of Btu/hr, enter calculated value here _____

If fan flow is measured, enter measured value here _____

Leakage Fraction = Test Leakage/(Measured or Calculated Fan Flow) = _____

Pass if leakage fraction ≤ 0.06 ☐ Pass ☐ Fail

☐ **For AEROSOL TYPE SEALANTS ONLY - The following diagnostic testing was completed:**

Duct Fan Pressurization at rough-in measured leakage (CFM)

CHECK AFTER FINISHING WALL:

☐ Yes ☐ No ☐ Pressure pan test or House pressurization test

☐ Yes ☐ No ☐ Visual Inspection of Duct Connections ☐ Pass ☐ Fail

☐ THERMOSTATIC EXPANSION VALVE (TXV)

☐ Yes ☐ No Thermostatic Expansion Valve is installed and Access is provided for inspection

Yes is a pass ☐ Pass ☐ Fail

☐ DUCT DESIGN

1. ☐ Yes ☐ No ACCA Manual D Design calculations have been completed, Duct Design is on the plans and duct installation matches plans.

2. ☐ Yes ☐ No TXV is installed or Fan flow has been verified. If no TXV, verified fan flow matches design from CF-1R.

Measured Fan Flow = _____

Yes for both 1 and 2 is a Pass ☐ Pass ☐ Fail

☐ I, the undersigned, verify that the above diagnostic test results and the work I performed associated with the test(s) is in conformance with the requirements for compliance credit. [The builder shall provide the HERS provider a copy of the CF-6R signed by the builder employees or sub-contractors certifying that diagnostic testing and installation meet the requirements for compliance credit.]

Tests Performed	Signature, Date	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name)

COPY TO: Building Department
HERS Provider (if applicable)
Building Owner at Occupancy

Site Address **Permit Number**

REFRIGERANT CHARGE AND AIRFLOW MEASUREMENT

Verification for Required Refrigerant Charge and Adequate Airflow for Split System Space Cooling Systems without Thermostatic Expansion Valves

Outdoor Unit Serial #	_____	
Outdoor Unit Make	_____	
Outdoor Unit Model	_____	
Cooling Capacity	_____	Btu/hr
Date of Verification	_____	
Date of Refrigerant Gauge Calibration	_____	(must be checked monthly)
Date of Thermocouple Calibration	_____	(must be checked monthly)

Standard Charge and Airflow Measurement (outdoor air dry-bulb 55 ^{o}F and above):

Note: The system should be installed and charged in accordance with the manufacturer's specifications before starting this procedure.

Measured Temperatures

Supply (evaporator leaving) air dry-bulb temperature (Tsupply, db)	_____ ^{o}F
Return (evaporator entering) air dry-bulb temperature (Treturn, db)	_____ ^{o}F
Return (evaporator entering) air wet-bulb temperature (Treturn, wb)	_____ ^{o}F
Evaporator saturation temperature (Tevaporator, sat)	_____ ^{o}F
Suction line temperature (Tsuction, db)	_____ ^{o}F
Condenser (entering) air dry-bulb temperature (Tcondenser, db)	_____ ^{o}F

Superheat Charge Method Calculations for Refrigerant Charge

Actual Superheat = Tsuction, db – Tevaporator, sat	_____ ^{o}F
Target Superheat (from Table 1)	_____ ^{o}F
Actual Superheat – Target Superheat (System passes if between -5 and +5°F)	_____ ^{o}F

Temperature Split Method Calculations for Adequate Airflow

Actual Temperature Split = T return, db - Tsupply, db	_____ ^{o}F
Target Temperature Split (from Table 2)	_____ ^{o}F
Actual Temperature Split - Target Temperature Split (System passes if between -3°F and +3°F or, upon remeasurement, if between +3°F and -25°F)	_____ ^{o}F

Standard Charge and Airflow Measurement Summary:

System shall pass both refrigerant charge and adequate airflow calculation criteria from the same measurements. If corrective actions were taken, both criteria must be remeasured and recalculated

System Passes _____ yes or _____no

Site Address **Permit Number**

Alternate Charge and Airflow Measurement (outdoor air dry-bulb below 55 ^{o}F):

Weigh-In Charging Method for Refrigerant Charge

Actual liquid line length: _____ft.
Manufacturers Standard liquid line length: _____ ft.

Difference (Actual – Standard): _____ ft.

Manufacturers correction (ounces per foot) _____x difference in length =_____ounces
(+ = add) (- = remove)

Measured Airflow Method for Adequate Airflow

Airflow criterion: Cooling Capacity _____ X 0.032 = _____ CFM

Measured Airflow is _____CFM and passes since it is greater than the criterion.

Alternate Charge and Airflow Measurement Summary:

System charge shall be corrected and it shall also pass measured adequate airflow criterion.

System Passes _____ yes or _____no

Site Address **Permit Number**

Table K-1: Target Superheat (Suction Line Temperature - Evaporator Saturation Temperature)

Condenser Air Dry-Bulb Temperature (°F) ($T_{condenser, db}$)	Return Air Wet-Bulb Temperature (°F) ($T_{return, wb}$)																												
	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76
55	8.8	10.1	11.5	12.8	14.2	15.6	17.1	18.5	20.0	21.5	23.1	24.6	26.2	27.8	29.4	31.0	32.4	33.8	35.1	36.4	37.7	39.0	40.2	41.5	42.7	43.9	45.0
56	8.6	9.9	11.2	12.6	14.0	15.4	16.8	18.2	19.7	21.2	22.7	24.2	25.7	27.3	28.9	30.5	31.8	33.2	34.6	35.9	37.2	38.5	39.7	41.0	42.2	43.4	44.6
57	8.3	9.6	11.0	12.3	13.7	15.1	16.5	17.9	19.4	20.8	22.3	23.8	25.3	26.8	28.3	29.9	31.3	32.6	34.0	35.3	36.7	38.0	39.2	40.5	41.7	43.0	44.2
58	7.9	9.3	10.6	12.0	13.4	14.8	16.2	17.6	19.0	20.4	21.9	23.3	24.8	26.3	27.8	29.3	30.7	32.1	33.5	34.8	36.1	37.5	38.7	40.0	41.3	42.5	43.7
59	7.5	8.9	10.2	11.6	13.0	14.4	15.8	17.2	18.6	20.0	21.4	22.9	24.3	25.7	27.2	28.7	30.1	31.5	32.9	34.3	35.6	36.9	38.3	39.5	40.8	42.1	43.3
60	7.0	8.4	9.8	11.2	12.6	14.0	15.4	16.8	18.2	19.6	21.0	22.4	23.8	25.2	26.6	28.1	29.6	31.0	32.4	33.7	35.1	36.4	37.8	39.1	40.4	41.6	42.9
61	6.5	7.9	9.3	10.7	12.1	13.5	14.9	16.3	17.7	19.1	20.5	21.9	23.3	24.7	26.1	27.5	29.0	30.4	31.8	33.2	34.6	35.9	37.3	38.6	39.9	41.2	42.4
62	6.0	7.4	8.8	10.2	11.7	13.1	14.5	15.9	17.3	18.7	20.1	21.4	22.8	24.2	25.5	27.0	28.4	29.9	31.3	32.7	34.1	35.4	36.8	38.1	39.4	40.7	42.0
63	5.3	6.8	8.3	9.7	11.1	12.6	14.0	15.4	16.8	18.2	19.6	20.9	22.3	23.6	25.0	26.4	27.8	29.3	30.7	32.2	33.6	34.9	36.3	37.7	39.0	40.3	41.6
64	-	6.1	7.6	9.1	10.6	12.0	13.5	14.9	16.3	17.7	19.0	20.4	21.7	23.1	24.4	25.8	27.3	28.7	30.2	31.6	33.0	34.4	35.8	37.2	38.5	39.9	41.2
65	-	5.4	7.0	8.5	10.0	11.5	12.9	14.3	15.8	17.1	18.5	19.9	21.2	22.5	23.8	25.2	26.7	28.2	29.7	31.1	32.5	33.9	35.3	36.7	38.1	39.4	40.8
66	-		6.3	7.8	9.3	10.8	12.3	13.8	15.2	16.6	18.0	19.3	20.7	22.0	23.2	24.6	26.1	27.6	29.1	30.6	32.0	33.4	34.9	36.3	37.6	39.0	40.4
67	-	-	5.5	7.1	8.7	10.2	11.7	13.2	14.6	16.0	17.4	18.8	20.1	21.4	22.7	24.1	25.6	27.1	28.6	30.1	31.5	33.0	34.4	35.8	37.2	38.6	39.9
68	-	-	-	6.3	8.0	9.5	11.1	12.6	14.0	15.5	16.8	18.2	19.5	20.8	22.1	23.5	25.0	26.5	28.0	29.5	31.0	32.5	33.9	35.3	36.8	38.1	39.5
69	-	-	-	5.5	7.2	8.8	10.4	11.9	13.4	14.8	16.3	17.6	19.0	20.3	21.5	22.9	24.4	26.0	27.5	29.0	30.5	32.0	33.4	34.9	36.3	37.7	39.1
70	-	-	-	-	6.4	8.1	9.7	11.2	12.7	14.2	15.7	17.0	18.4	19.7	20.9	22.3	23.9	25.4	27.0	28.5	30.0	31.5	33.0	34.4	35.9	37.3	38.7
71	-	-	-	-	5.6	7.3	8.9	10.5	12.1	13.6	15.0	16.4	17.8	19.1	20.3	21.7	23.3	24.9	26.4	28.0	29.5	31.0	32.5	34.0	35.4	36.9	38.3
72	-	-	-	-	-	6.4	8.1	9.8	11.4	12.9	14.4	15.8	17.2	18.5	19.7	21.2	22.8	24.3	25.9	27.4	29.0	30.5	32.0	33.5	35.0	36.5	37.9
73	-	-	-	-	-	5.6	7.3	9.0	10.7	12.2	13.7	15.2	16.6	17.9	19.2	20.6	22.2	23.8	25.4	26.9	28.5	30.0	31.5	33.1	34.6	36.0	37.5
74	-	-	-	-	-	-	6.5	8.2	9.9	11.5	13.1	14.5	15.9	17.3	18.6	20.0	21.6	23.2	24.8	26.4	28.0	29.5	31.1	32.6	34.1	35.6	37.1
75	-	-	-	-	-	-	5.6	7.4	9.2	10.8	12.4	13.9	15.3	16.7	18.0	19.4	21.1	22.7	24.3	25.9	27.5	29.1	30.6	32.2	33.7	35.2	36.7
76	-	-	-	-	-	-	-	6.6	8.4	10.1	11.7	13.2	14.7	16.1	17.4	18.9	20.5	22.1	23.8	25.4	27.0	28.6	30.1	31.7	33.3	34.8	36.3
77	-	-	-	-	-	-	-	5.7	7.5	9.3	11.0	12.5	14.0	15.4	16.8	18.3	20.0	21.6	23.2	24.9	26.5	28.1	29.7	31.3	32.8	34.4	36.0
78	-	-	-	-	-	-	-	-	6.7	8.5	10.2	11.8	13.4	14.8	16.2	17.7	19.4	21.1	22.7	24.4	26.0	27.6	29.2	30.8	32.4	34.0	35.6
79	-	-	-	-	-	-	-	-	5.9	7.7	9.5	11.1	12.7	14.2	15.6	17.1	18.8	20.5	22.2	23.8	25.5	27.1	28.8	30.4	32.0	33.6	35.2
80	-	-	-	-	-	-	-	-	-	6.9	8.7	10.4	12.0	13.5	15.0	16.6	18.3	20.0	21.7	23.3	25.0	26.7	28.3	29.9	31.6	33.2	34.8
81	-	-	-	-	-	-	-	-	-	6.0	7.9	9.7	11.3	12.9	14.3	16.0	17.7	19.4	21.1	22.8	24.5	26.2	27.9	29.5	31.2	32.8	34.4
82	-	-	-	-	-	-	-	-	-	5.2	7.1	8.9	10.6	12.2	13.7	15.4	17.2	18.9	20.6	22.3	24.0	25.7	27.4	29.1	30.7	32.4	34.0
83	-	-	-	-	-	-	-	-	-	-	6.3	8.2	9.9	11.6	13.1	14.9	16.6	18.4	20.1	21.8	23.5	25.2	26.9	28.6	30.3	32.0	33.7
84	-	-	-	-	-	-	-	-	-	-	5.5	7.4	9.2	10.9	12.5	14.3	16.1	17.8	19.6	21.3	23.0	24.8	26.5	28.2	29.9	31.6	33.3
85	-	-	-	-	-	-	-	-	-	-	-	6.6	8.5	10.3	11.9	13.7	15.5	17.3	19.0	20.8	22.6	24.3	26.0	27.8	29.5	31.2	32.9
86	-	-	-	-	-	-	-	-	-	-	-	5.8	7.8	9.6	11.3	13.2	15.0	16.7	18.5	20.3	22.1	23.8	25.6	27.3	29.1	30.8	32.6
87	-	-	-	-	-	-	-	-	-	-	-	5.0	7.0	8.9	10.6	12.6	14.4	16.2	18.0	19.8	21.6	23.4	25.1	26.9	28.7	30.4	32.2
88	-	-	-	-	-	-	-	-	-	-	-	-	6.3	8.2	10.0	12.0	13.9	15.7	17.5	19.3	21.1	22.9	24.7	26.5	28.3	30.1	31.8
89	-	-	-	-	-	-	-	-	-	-	-	-	5.5	7.5	9.4	11.5	13.3	15.1	17.0	18.8	20.6	22.4	24.3	26.1	27.9	29.7	31.5
90	-	-	-	-	-	-	-	-	-	-	-	-	-	6.8	8.8	10.9	12.8	14.6	16.5	18.3	20.1	22.0	23.8	25.6	27.5	29.3	31.1

Site Address **Permit Number**

Table K-1: Target Superheat (Suction Line Temperature - Evaporator Saturation Temperature) (continued)

Condenser Air Dry-Bulb Temperature (°F) ($T_{condenser, db}$)	Return Air Wet-Bulb Temperature (°F) ($T_{return, wb}$)																											
	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76
91	-	-	-	-	-	-	-	-	-	-	-	-	-	6.1	8.1	10.3	12.2	14.1	15.9	17.8	19.7	21.5	23.4	25.2	27.1	28.9	30.8
92	-	-	-	-	-	-	-	-	-	-	-	-	-	5.4	7.5	9.8	11.7	13.5	15.4	17.3	19.2	21.1	22.9	24.8	26.7	28.5	30.4
93	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6.8	9.2	11.1	13.0	14.9	16.8	18.7	20.6	22.5	24.4	26.3	28.2	30.1
94	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6.2	8.7	10.6	12.5	14.4	16.3	18.2	20.2	22.1	24.0	25.9	27.8	29.7
95	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5.6	8.1	10.0	12.0	13.9	15.8	17.8	19.7	21.6	23.6	25.5	27.4	29.4
96	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	7.5	9.5	11.4	13.4	15.3	17.3	19.2	21.2	23.2	25.1	27.1	29.0
97	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	7.0	8.9	10.9	12.9	14.9	16.8	18.8	20.8	22.7	24.7	26.7	28.7
98	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6.4	8.4	10.4	12.4	14.4	16.4	18.3	20.3	22.3	24.3	26.3	28.3
99	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5.8	7.9	9.9	11.9	13.9	15.9	17.9	19.9	21.9	24.0	26.0	28.0
100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5.3	7.3	9.3	11.4	13.4	15.4	17.5	19.5	21.5	23.6	25.6	27.7
101	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6.8	8.8	10.9	12.9	15.0	17.0	19.1	21.1	23.2	25.3	27.3
102	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6.2	8.3	10.4	12.4	14.5	16.6	18.6	20.7	22.8	24.9	27.0
103	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5.7	7.8	9.9	11.9	14.0	16.1	18.2	20.3	22.4	24.5	26.7
104	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5.2	7.2	9.3	11.5	13.6	15.7	17.8	19.9	22.1	24.2	26.3
105	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6.7	8.8	11.0	13.1	15.2	17.4	19.5	21.7	23.8	26.0
106	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6.2	8.3	10.5	12.6	14.8	17.0	19.1	21.3	23.5	25.7
107	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5.7	7.9	10.0	12.2	14.4	16.6	18.7	21.0	23.2	25.4
108	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5.2	7.4	9.5	11.7	13.9	16.1	18.4	20.6	22.8	25.1
109	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6.9	9.1	11.3	13.5	15.7	18.0	20.2	22.5	24.7
110	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6.4	8.6	10.8	13.1	15.3	17.6	19.9	22.1	24.4
111	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5.9	8.1	10.4	12.6	14.9	17.2	19.5	21.8	24.1
112	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5.4	7.6	9.9	12.2	14.5	16.8	19.1	21.5	23.8
113	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	7.2	9.5	11.8	14.1	16.4	18.8	21.1	23.5
114	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6.7	9.0	11.4	13.7	16.1	18.4	20.8	23.2
115	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6.2	8.6	10.9	13.3	15.7	18.1	20.5	22.9

Site Address **Permit Number**

Table K-2: Target Temperature Split (Return Dry-Bulb – Supply Dry-Bulb)

Return Air Dry–Bulb (°F) ($T_{return, db}$)	Return Air Wet-Bulb (°F) ($T_{return, wb}$)																											
	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76
70	20.9	20.7	20.6	20.4	20.1	19.9	19.5	19.1	18.7	18.2	17.7	17.2	16.5	15.9	15.2	14.4	13.7	12.8	11.9	11.0	10.0	9.0	7.9	6.8	5.7	4.5	3.2
71	21.4	21.3	21.1	20.9	20.7	20.4	20.1	19.7	19.3	18.8	18.3	17.7	17.1	16.4	15.7	15.0	14.2	13.4	12.5	11.5	10.6	9.5	8.5	7.4	6.2	5.0	3.8
72	21.9	21.8	21.7	21.5	21.2	20.9	20.6	20.2	19.8	19.3	18.8	18.2	17.6	17.0	16.3	15.5	14.7	13.9	13.0	12.1	11.1	10.1	9.0	7.9	6.8	5.6	4.3
73	22.5	22.4	22.2	22.0	21.8	21.5	21.2	20.8	20.3	19.9	19.4	18.8	18.2	17.5	16.8	16.1	15.3	14.4	13.6	12.6	11.7	10.6	9.6	8.5	7.3	6.1	4.8
74	23.0	22.9	22.8	22.6	22.3	22.0	21.7	21.3	20.9	20.4	19.9	19.3	18.7	18.1	17.4	16.6	15.8	15.0	14.1	13.2	12.2	11.2	10.1	9.0	7.8	6.6	5.4
75	23.6	23.5	23.3	23.1	22.9	22.6	22.2	21.9	21.4	21.0	20.4	19.9	19.3	18.6	17.9	17.2	16.4	15.5	14.7	13.7	12.7	11.7	10.7	9.5	8.4	7.2	5.9
76	24.1	24.0	23.9	23.7	23.4	23.1	22.8	22.4	22.0	21.5	21.0	20.4	19.8	19.2	18.5	17.7	16.9	16.1	15.2	14.3	13.3	12.3	11.2	10.1	8.9	7.7	6.5
77	-	24.6	24.4	24.2	24.0	23.7	23.3	22.9	22.5	22.0	21.5	21.0	20.4	19.7	19.0	18.3	17.5	16.6	15.7	14.8	13.8	12.8	11.7	10.6	9.5	8.3	7.0
78	-	-	-	24.7	24.5	24.2	23.9	23.5	23.1	22.6	22.1	21.5	20.9	20.2	19.5	18.8	18.0	17.2	16.3	15.4	14.4	13.4	12.3	11.2	10.0	8.8	7.6
79	-	-	-	-	-	24.8	24.4	24.0	23.6	23.1	22.6	22.1	21.4	20.8	20.1	19.3	18.5	17.7	16.8	15.9	14.9	13.9	12.8	11.7	10.6	9.4	8.1
80	-	-	-	-	-	-	25.0	24.6	24.2	23.7	23.2	22.6	22.0	21.3	20.6	19.9	19.1	18.3	17.4	16.4	15.5	14.4	13.4	12.3	11.1	9.9	8.7
81	-	-	-	-	-	-	-	25.1	24.7	24.2	23.7	23.1	22.5	21.9	21.2	20.4	19.6	18.8	17.9	17.0	16.0	15.0	13.9	12.8	11.7	10.4	9.2
82	-	-	-	-	-	-	-	-	25.2	24.8	24.2	23.7	23.1	22.4	21.7	21.0	20.2	19.3	18.5	17.5	16.6	15.5	14.5	13.4	12.2	11.0	9.7
83	-	-	-	-	-	-	-	-	-	25.3	24.8	24.2	23.6	23.0	22.3	21.5	20.7	19.9	19.0	18.1	17.1	16.1	15.0	13.9	12.7	11.5	10.3
84	-	-	-	-	-	-	-	-	-	25.9	25.3	24.8	24.2	23.5	22.8	22.1	21.3	20.4	19.5	18.6	17.6	16.6	15.6	14.4	13.3	12.1	10.8

Site Address **Permit Number**

DUCT LOCATION AND AREA REDUCTION DIAGNOSTICS

☐ **DUCT IN CONDITIONED SPACE**

☐ Yes ☐ No Duct in conditioned space criteria matches CF-1R

Yes is a Pass ☐ Pass ☐ Fail

☐ **REDUCED DUCT SURFACE AREA**

Measured duct exterior surface area in the following unconditioned duct locations (square feet):

Attics _____

Crawlspaces _____

Basements _____

Other (e.g., garages, etc.) _____

☐ Yes ☐ No Duct surface area matches CF-1R?

Yes is a Pass ☐ Pass ☐ Fail

☐ I, the undersigned, verify that the duct surface area and duct locations claimed for duct surface area reductions and duct location improvements beyond those covered by default assumptions match those on the plans. [The builder shall provide the HERS provider a copy of the CF-6R signed by the builder employees or sub-contractors certifying that diagnostic testing and installation meet the requirements for compliance credit.]

Tests Performed	Signature, Date	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name)

COPY TO: Building Department
HERS Provider (if applicable)
Building Owner at Occupancy

Site Address **Permit Number**

BUILDING ENVELOPE LEAKAGE DIAGNOSTICS

☐ **ENVELOPE SEALING INFILTRATION REDUCTION**

Diagnostic Testing Results

Building Envelope Leakage (CFM @ 50 Pa) as measured by Rater _____

1.	☐ Yes	☐ No	Is measured envelope leakage less than or equal to the required level from CF-1R?
2.	☐ Yes	☐ No	Is Mechanical Ventilation shown as required on the CF-1R?
2a.	☐ Yes	☐ No	If Mechanical Ventilation is required on the CF-1R (Yes in line 2), has it been installed?
2b.	☐ Yes	☐ No	Check this box yes if mechanical ventilation is required (Yes in line 2) and ventilation fan watts are no greater than shown on CF-1R. Measured Watts = _____
3.	☐ Yes	☐ No	Check this box yes if measured building infiltration (CFM @ 50 Pa) is greater than the CFM @ 50 values shown for an SLA of 1.5 on CF-1R (If this box is checked no, mechanical ventilation is required.)
4.	☐ Yes	☐ No	Check this box yes if measured building infiltration (CFM @ 50 Pa) is less than the CFM @ 50 values shown for an SLA of 1.5 on CF-1R, mechanical ventilation is installed and house pressure is greater than minus 5 Pascal with all exhaust fans operating.

☐ Pass ☐ Fail

Pass if:

d. Yes in line 1 and line 3, or
e. Yes in line 1 and line2, 2a, and 2b, or
f. Yes in line 1 and Yes in line 4.

Otherwise fail.

☐ I, the undersigned, verify that the building envelope leakage meets the requirements claimed for building leakage reduction below default assumptions as used for compliance on the CF-1R. This is to certify that the above diagnostic test results and the work I performed associated with the test(s) is in conformance with the requirements for compliance credit. [The builder shall provide the HERS provider a copy of the CF-6R signed by the builder employees or sub-contractors certifying that diagnostic testing and installation meet the requirements for compliance credit.]

Test Performed	Signature	Date	Testing Subcontractor (Co. Name) OR General Contractor (Co. Name)

COPY TO: Building Department
HERS Provider (if applicable)
Building Owner at Occupancy

Site Address **Permit Number**

The following is an explanation of many of the input values required on this form:

HVAC SYSTEMS

Heating Equipment Type must be one of the following:

Furnace:	Gas (including Liquefied Petroleum Gases) or oil-fired central furnace & space heater
Boiler:	Gas or oil-fired boiler
PckgHeatPump:	Packaged central heat pump
SplitHeatPump:	Split central heat pump
RoomHeatPump:	Room heat pump
LgPkgHeatPump:	Large packaged heat pump (≥ 65,000 Btu/hr output)
Electric:	Electric resistance heating (fixed HSPF = 3.413); radiant electric resistance (fixed HSPF = 3.55)
CombinedHydro:	Reference water heater under water heating systems below

CEC Certified Manufacturer Name & Model Number from applicable Commission approved appliance directory.
# of Identical Systems is for those systems with the same efficiency, duct location, duct R-value and capacity.
Efficiency from applicable Commission certified appliance directory.
Duct (or Piping) Location is attic, crawl space, CVC crawl space, conditioned space, unconditioned space or none.
Duct (or Piping) R-Value from Directory of Certified Insulation Materials and/or manufacturer's data.
Heating/Cooling Load refer to Commission approved load calculation procedure.
Heating/Cooling Capacity from the applicable Commission certified appliance directory. Note: location elevations over 2,000 ft above sea level require a derating of output capacity (refer to manufacturer's literature).

Cooling Equipment Type must be one of the following:

SplitAirCond:	Split system air conditioner
PckgAirCond:	Packaged air conditioner
Split Heat Pump:	Split system heat pump
PckgHeatPump:	Packaged heat pump
RoomHeatPump:	Room heat pump
LgPkgHeatPump:	Large packaged heat pump (≥ 65,000 Btu/hr output). Substitute EER for SEER when SEER is not available
RoomAirCond:	Room air conditioner. Minimum SEER varies*
LgPkgAirCond:	Large packaged air conditioner (≥ 65,000 Btu/hr output). Substitute EER for SEER when SEER is not available
EvapDirect:	Direct evaporative cooling system. For compliance calculation purposes, fixed values: SEER = 11.0; duct location = attic; duct insulation R-value = 4.2
EvapIndirect:	Indirect evaporative cooling system. For compliance calculation purposes, fixed values: SEER = 13.0; duct location = attic; duct insulation R-value = 4.2

*Refer to Energy Commission publication *Appliance Efficiency Regulations*, P400-92-029

Site Address **Permit Number**

The following is an explanation of many of the input values required on this form:

WATER HEATING SYSTEMS

Distribution Systems Refer to *Residential Manual* for more details:

Standard:	Standard – Supply pressure based system, no pumps
Pipe Insulation:	Pipe Insulation on all 3/4-inch pipes
POU/HWR:	Point of Use/Hot Water Recovery System
Recirc/NoControl:	Recirculation loop with no controls
Recirc/Timer:	Recirculation loop with a timer
Recirc/Temp:	Recirculation loop with temperature control
Recirc/Time+Temp:	Recirculation loop with a timer and temperature control
Recirc/Demand:	Recirculation loop with demand control

Water Heater Type	Information Needed			
	Energy Factor	Recovery Efficiency	Standby Loss	Rated Input
Storage Gas, Oil or Electric	Yes	No	No	No
Heat Pump	Yes	No	No	No
Instantaneous Gas	No	Yes	No	No
Instantaneous Electric	Yes	No	No	No
Large Storage Gas	No	Yes	Yes	Yes
Indirect Gas (Boiler)	No	Yes (AFUE)	No	Yes

FENESTRATION/GLAZING

Fenestration:	Windows, sliding glass doors, French doors, skylights, garden windows, and any door with more than one square foot of glass
Operator Type:	Slider, hinged, fixed
U-Factor:	Installed U-Factor must be less than or equal to value from CF-1R OR Installed weighted average U-Factor for the total fenestration area is less than or equal to value from CF-1R
SHGC:	Installed SHGC must be less than or equal to value from CF-1R OR Installed weighted SHGC for the total fenestration area is less than or equal to value from CF-1R OR An interior shading device, overhang, or exterior shading device is installed consistent with the CF-1R
Shading Device:	Include when the building complied using an ***exterior*** shading device: woven sunscreen, louvered sunscreen, low sun angle sunscreen, roll-down awning, roll-down blinds or slats (do not list bug screen), or an overhang (include depth in feet)

Site Address **Permit Number**

The following is an explanation of many of the input values required on the Diagnostic portion of this form (page 3 of 6):

TYPE OF CREDIT

Refer to *Residential Manual* Chapters 4 and 5 for more details:

Reduced Duct Surface Area:	Calculated as the outside area of the duct. Areas must be measured and verified by a HERS rater.
Improved Duct Location:	Supply duct located in other than attic, as verified by location of registers (does not require HERS rater verification).
Catastrophic Leakage:	Pressure pan test readings must be less than 1.5 Pascal at a house pressure of 25 Pascal.
TXV:	Access cover required to facilitate verification.
Infiltration Reduction:	Infiltration is measured without mechanical ventilation operating. Mechanical ventilation is required for very tight house construction when credits for infiltration reduction using diagnostic testing are being used for achieving compliance. These very tight houses are defined as those with SLA of less than 1.5. The compliance documentation (CF-1R) will contain the measured CFM target value from a blower door test at 50 Pascal pressure difference that represents this SLA of 1.5. Mechanical ventilation is also required if the builder chooses to design the building to use mechanical ventilation and claims a credit for infiltration below an SLA of 3.0. The compliance documentation (CF-1R) will contain the measured CFM target value that represents this 3.0 SLA. If the builder claims credit in a design for infiltration reduction that is at an SLA of 3.0 or higher, and the actual measured SLA is 1.5 or greater, then mechanical ventilation is not required. If the SLA in this case were below 1.5, then mitigation (such as mechanical ventilation) would be required.